

OFFICE OF THE CLERK/TREASURER

City of Burlington
City Hall, Room 20, 149 Church Street, Burlington, VT 05401

Voice (802) 865-7000 Fax (802) 865-7014 TTY (802) 865-7142 ANNUAL CITY ELECTION MARCH 5, 2013

REQUEST FOR AN EARLY VOTER BALLOT DEADLINE: 5:00 PM MONDAY, MARCH 4, 2013

For Office Use Only	
ID# WARD/DIST	COUNTER Date / Time / Initials
PLEASE PRINT CLEARLY! ACE Ballot	Date
Voter's Name:	Requested:
Voter's Residence:	
Telephone Number:	Date
would like their ballot delivered as indicated below: CHECK ONE: (M) [] Mailed to voter; (C) [] Vote	ed at Counter; (F)* [] Faxed; (E)* [] E-Mailed *military-in / out
of country; living/studying/worki up by Voter	ng abroad; (H)[] Denvered by Justice of the Feace, (F)[] France
of country; living/studying/worki up by Voter	ang abroad; (H) [] Delivered by Justice of the Peace; (P) [] Picked B-Mail Address:
of country; living/studying/worki up by Voter Fax Number: Address to be Mailed/Delivered to: (if different from above)	E-Mail Address:
of country; living/studying/worki up by Voter Fax Number:E Address to be Mailed/Delivered to: (if different from above) SIGNATURE of Person Requesting Ballot:	abroad; (H)[] Denvered by Justice of the Feace, (F)[] Floked
of country; living/studying/worki up by Voter Fax Number:E Address to be Mailed/Delivered to: (if different from above) SIGNATURE of Person Requesting Ballot: FILL OUT BELOW ONLY IF YOU ARE REQUES	E-Mail Address: STING A BALLOT FOR SOMEONE OTHER THAN YOURSEL
of country; living/studying/worki up by Voter Fax Number: Address to be Mailed/Delivered to: (if different from above) SIGNATURE of Person Requesting Ballot: FILL OUT BELOW ONLY IF YOU ARE REQUES * * * * * * * * * * * * * * * * * * *	abroad; (H)[] Denvered by Justice of the Feace, (F)[] Floked
of country; living/studying/working by Voter Fax Number:	E-Mail Address: TING A BALLOT FOR SOMEONE OTHER THAN YOURSEL * * * * * * * * * * * * * * * * * * *

<u>NOTE</u>: Early ballots may be requested by telephone, in person or in writing (a) by the voter, or (b), with authorization, be the voter's health care provider, spouse (applies to Civil Union partners), children, brothers, sisters, parents, spouse parents, grandparents, and spouse's grandparents. Any other authorized person may request in writing or in perso (Vermont Election Law, 17 V.S.A. 2532(a)(1)).